

*A Consumer's Guide to:*

# **Individual Health Care Coverage**

*— A comparison guide to individual health insurance*

# Health insurance for individuals

This comparison guide is intended to help individuals without access to a group insurance plan find health insurance coverage. It contains a listing of carriers that offer insurance for individuals, the counties they serve, sample rates and contact information.

## Application requirements

Most people seeking individual coverage will need to complete a standardized health screen questionnaire. This questionnaire is designed to identify the most costly 8 percent of applicants and offer them eligibility through the Washington State Health Insurance Pool (WSHIP), a legislatively created public/private partnership. Premiums for WSHIP coverage are higher than commercial health plans, but WSHIP members can select from fee-for-service or network plans. Either option offers the potential for lowering the cost of health insurance coverage. For information about the health insurance questionnaire, how it is scored and other information about coverage and rates, contact WSHIP directly at: **1-800-877-5187**.

## Pre-existing condition waiting periods

Individual plans may have a nine-month waiting period for any condition for which you were treated, or a prudent layperson would have sought advice or treatment, during the previous six months. (See Appendix 1)

If the plan you held just before your application for a new individual plan is equivalent to -- or better than -- the new plan, the carrier must credit the time you were enrolled in that plan toward the waiting period for the pre-existing condition. (For example, if you had nine

months of coverage under your immediately preceding plan, your waiting period would be waived. If you had four months coverage, you would have to wait five months for the new insurance to cover a pre-existing condition.)

If you have 18 months of creditable coverage and otherwise qualify as an “eligible individual” under federal law (see Appendix 2), then insurers may not impose a preexisting condition waiting period on your coverage.

**Questions? Call our  
Insurance Consumer Hotline  
1-800-562-6900**

## Individuals not required to take the health screen

(see Appendix 3)

Certain applicants will not be required to fill out the health screen questionnaire when applying for individual insurance. They include applicants:

- Who will exhaust their COBRA coverage
- Who have 24 months of continuous coverage through a small employer
- Who have moved out of their existing plans' service area
- Who are staying with a primary care doctor who left their existing plan
- Who have received a notice regarding the discontinuation of their conversion plan

# Shopping for individual health insurance

This comparison guide includes information for consumers shopping for individual health insurance coverage. The facing page contains a chart showing the major health insurance companies offering individual plans and the counties where their plans are available.

## Contacting the companies

For more information, contact the insurance company using the toll-free phone number or visit the respective Internet Web site.

Group Health Cooperative 1-800-358-8815 <a href="http://www.ghc.org">www.ghc.org</a>	Regence BlueShield of Washington 1-888-344-8234 <a href="http://www.wa.regence.com">www.wa.regence.com</a>
KPS Health Plans 1-800-628-3753 <a href="http://www.kpshealthplans.com">www.kpshealthplans.com</a>	Regence BlueShield of Idaho 1-800-632-2022 <a href="http://www.id.regence.com">www.id.regence.com</a>
Premiera Blue Cross 1-800-PLAN-ONE (800-752-6663) <a href="http://www.premiera.com">www.premiera.com</a>	Regence BlueCross BlueShield of Oregon 1-800-777-3168 <a href="http://www.or.regence.com">www.or.regence.com</a>
Lifewise Health Plan of Washington 1-888-836-6135 <a href="http://www.lifewisewa.com">www.lifewisewa.com</a>	Asuris Northwest Health 1-866-704-2708 <a href="http://www.asurisenorthwesthealth.com">www.asurisenorthwesthealth.com</a>

The charts on the following pages indicate the most recent premiums filed with our office by the respective insurance companies. **Products and premiums are subject to change, so be sure to call the company to obtain the most current information.**

## Government-sponsored plans

Government-sponsored plans are available. They are based on an individual's income level. Details and additional information may be obtained by contacting:

Basic Health of Washington State

1-800-660-9840

[www.basichealth.hca.wa.gov](http://www.basichealth.hca.wa.gov)

Children's Health Insurance Program

1-877-543-7669

[www.healthykidsnow.net](http://www.healthykidsnow.net)

(Healthy Kids Now!)

Department of Social & Health Services

1-800-865-7801

(for the location of your nearest Community Services Office)

## Health Savings Accounts

For information about Health Savings Accounts, see Appendix 4 on page 8.

Group Health Cooperative	KPS Health Plans	Premiera Blue Cross	Lifewise Health Plan Washington	Regence BlueCross/BlueShield Oregon	Regence BlueShield Washington	Regence BlueShield Idaho	Asuris Northwest Health	
		X	X				X	Adams
		X	X			X	X	Asotin
X		X	X				X	Benton
		X	X				X	Chelan
	X	X	X		X			Clallam
	X		X	X				Clark
X		X	X		X			Columbia
	X	X	X		X			Cowlitz
		X	X				X	Douglas
		X	X				X	Ferry
X		X	X				X	Franklin
		X	X				X	Garfield
		X	X				X	Grant
X*	X	X	X		X			Grays Harbor
X	X	X	X		X			Island
	X	X	X		X			Jefferson
X	X	X	X		X			King
X	X	X	X		X			Kitsap
X		X	X				X	Kittitas
		X	X		X			Klickitat
X	X	X	X		X			Lewis
		X	X				X	Lincoln
X	X	X	X		X			Mason
		X	X				X	Okanogan
	X	X	X		X			Pacific
		X	X				X	Pend Oreille
X	X	X	X		X			Pierce
X	X	X	X		X			San Juan
X	X	X	X		X			Skagit
	X	X	X		X			Skamania
X	X	X	X		X			Snohomish
X		X	X				X	Spokane
		X	X				X	Stevens
X	X	X	X		X			Thurston
	X	X	X		X			Wahkiakum
X		X	X		X			Walla Walla
X	X	X	X		X			Whatcom
X		X	X				X	Whitman
X		X	X		X			Yakima

\*Partial

## Companies offering coverage and the rates

The following listed companies offer individual coverage in Washington state. See the chart on the previous page to determine if the company offers coverage in your community. When you click on a name in the following list, you will be linked to a chart detailing the company's plans and rates.

**Note:** Companies indicated by an asterisk (\*) offer plans which qualify for Health Savings Accounts.

### The companies

[Asuris Northwest Health](#)

[Group Health Cooperative of Puget Sound](#)

[KPS Health Plans\\*](#)

Lifewise Health Plan of Washington\*

[Passport plans](#) (8/1/05 - 9/30/05)

[HSA & Essentials plans](#) (8/1/05 - 9/30/05)

[Passport plans](#) (10/1/05 - 12/31/05)

[HSA & Essentials plans](#) (10/1/05 - 12/31/05)

Premiera Blue Cross

[Effective 6/1/2005 through 9/30/2005](#)

[Effective 10/1/2005 through 5/31/2006](#)

[Regence BlueShield\\*](#)

[Regence BlueShield of Idaho](#)

Regence BlueCross BlueShield of Oregon\*

[Blue Selection plans](#)

[HSA plans](#)

[View all the plans](#)

# APPENDICES

## Appendix I

### RCW 48.43.012

#### Individual health benefit plans — Preexisting conditions.

- (1) No carrier may reject an individual for an individual health benefit plan based upon preexisting conditions of the individual except as provided in RCW 48.43.018.
- (2) No carrier may deny, exclude, or otherwise limit coverage for an individual's preexisting health conditions except as provided in this section.
- (3) For an individual health benefit plan originally issued on or after March 23, 2000, preexisting condition waiting periods imposed upon a person enrolling in an individual health benefit plan shall be no more than nine months for a preexisting condition for which medical advice was given, for which a health care provider recommended or provided treatment, or for which a prudent layperson would have sought advice or treatment, within six months prior to the effective date of the plan. No carrier may impose a preexisting condition waiting period on an individual health benefit plan issued to an eligible individual as defined in section 2741(b) of the federal health insurance portability and accountability act of 1996 (42 U.S.C. 300gg-41(b)).
- (4) Individual health benefit plan preexisting condition waiting periods shall not apply to prenatal care services.
- (5) No carrier may avoid the requirements of this section through the creation of a new rate classification or the modification of an existing rate classification. A new or changed rate classification will be deemed an attempt to avoid the provisions of this section if the new or changed classification would substantially discourage applications for coverage from individuals who are higher than average health risks. These provisions apply only to individuals who are Washington residents.

[2001 c 196 § 6; 2000 c 79 § 19.]

## Appendix 2

### 42 USCS § 300gg-41

(b) **Eligible individual** defined. In this part [42 USCS §§ 300gg-41 et seq.], the term “eligible individual” means an individual—

- (1) (A) for whom, as of the date on which the individual seeks coverage under this section, the aggregate of the periods of creditable coverage (as defined in section 2701(c) [42 USCS § 300gg(c)]) is 18 or more months and (B) whose most recent prior creditable coverage was under a group health plan, governmental plan, or church plan (or health insurance coverage offered in connection with any such plan);
- (2) who is not eligible for coverage under (A) a group health plan, (B) part A or part B of title XVIII of the Social Security Act [42 USCS §§ 1395c et seq. or 1395j et seq.], or (C) a State plan under title XIX of such Act [42 USCS §§ 1396 et seq.] (or any successor program), and does not have other health insurance coverage;
- (3) with respect to whom the most recent coverage within the coverage period described in paragraph (1)(A) was not terminated based on a factor described in paragraph (1) or (2) of section 2712(b) [42 USCS § 300gg-12(b)] (relating to nonpayment of premiums or fraud);
- (4) if the individual had been offered the option of continuation coverage under a COBRA continuation provision or under a similar State program, who elected such coverage; and
- (5) who, if the individual elected such continuation coverage, has exhausted such continuation coverage under such provision or program.

### RCW 48.43.018

#### Requirement to complete the standard health questionnaire — Exemptions — Results.

(1) Except as provided in (a) through (e) of this subsection, a health carrier may require any person applying for an individual health benefit plan to complete the standard health questionnaire designated under chapter 48.41 RCW.

(a) If a person is seeking an individual health benefit plan due to his or her change of residence from one geographic area in Washington State to another geographic area in Washington State where his or her current health plan is not offered, completion of the standard health questionnaire shall not be a condition of coverage if application for coverage is made within ninety days of relocation.

(b) If a person is seeking an individual health benefit plan:

(i) Because a health care provider with whom he or she has an established care relationship and from whom he or she has received treatment within the past twelve months is no longer part of the carrier's provider network under his or her existing Washington individual health benefit plan; and

(ii) His or her health care provider is part of another carrier's provider network; and

(iii) Application for a health benefit plan under that carrier's provider network individual coverage is made within ninety days of his or her provider leaving the previous carrier's provider network; then completion of the standard health questionnaire shall not be a condition of coverage.

(c) If a person is seeking an individual health benefit plan due to his or her having exhausted continuation coverage provided under 29 U.S.C. Sec. 1161 et seq., completion of the standard health questionnaire shall not be a condition of coverage if application for coverage is made within ninety days of exhaustion of continuation coverage. A health carrier shall accept an application without a standard health questionnaire from a person currently covered by such continuation coverage if application is made within ninety days prior to the date the continuation coverage would be exhausted and the effective date of the individual coverage applied for is the date the continuation coverage would be exhausted, or within ninety days thereafter.

(d) If a person is seeking an individual health benefit plan due to his or her having receiving notice that his or her coverage under a conversion contract is discontinued, completion of the standard health questionnaire shall not be a condition of coverage if application for coverage is made within ninety days of discontinuation of eligibility under the conversion contract. A health carrier shall accept an application without a standard health questionnaire from a person currently covered by such conversion contract if application is made within ninety days prior to the date eligibility under the conversion contract would be discontinued and the effective date of the individual coverage applied for is the date eligibility under the conversion contract would be discontinued, or within ninety days thereafter.

(e) If a person is seeking an individual health benefit plan and, but for the number of persons employed by his or her employer, would have qualified for continuation coverage provided under 29 U.S.C. Sec. 1161 et seq., completion of the standard health questionnaire shall not be a condition of coverage if:

(i) Application for coverage is made within ninety days of a qualifying event as defined in 29 U.S.C. Sec. 1163; and

(ii) the person had at least twenty-four months of continuous group coverage immediately prior to the qualifying event. A health carrier shall accept an application without a standard health questionnaire from a person with at least twenty-four months of continuous group coverage if application is made no more than ninety days prior to the date of a qualifying event and the effective date of the individual coverage applied for is the date of the qualifying event, or within ninety days thereafter.

### Health Savings Accounts

#### What are Health Savings Accounts?

Health Savings Accounts (HSAs) are accounts to which individuals, family members and employers can make tax deductible cash contributions. These funds can then be withdrawn to cover qualified medical expenses, tax free. Unused balances roll over from year to year.

These new tax favored accounts were created by the Medicare Prescription Drug Improvement and Modernization Act of 2003.

#### Who can set up a Health Savings Account?

Any individual covered under a qualified “high deductible” health plan (and not covered by certain other health plans, such as low-deductible coverage under a spouse’s employer plan) may establish an HSA. Also, only individuals who are not yet eligible for Medicare can qualify to contribute to an HSA.

#### What is a qualified high deductible health plan?

A health plan will qualify as a high deductible health plan (HDHP) if it has an annual deductible of at least \$1,000 for an individual’s (self) coverage and at least \$2,000 for family coverage.

Low-deductible coverage for accidents, disability, dental care, vision care, or long-term care is permissible in a HDHP.

A HDHP may also include a preventive care benefit.

A HDHP must have a maximum annual out-of-pocket expense limit of \$5,000 for self-only coverage and \$10,000 for family coverage.

High deductible health plans in the state of Washington must comply with state insurance laws and are subject to the jurisdiction of the Office of the Insurance Commissioner.

#### How do HSAs work?

Funds contributed to an HSA belong to the account beneficiary and are completely portable. Money can accumulate in the account with tax-free earnings every year. Unused amounts remain available in later years.

Tax-advantaged contributions can be made by the individual and family members. An individual’s employer can make contributions, and neither the employer nor the employee will be taxed. Employers with “cafeteria plans” can allow employees to contribute untaxed salary through a salary reduction plan.

Qualified medical expenses include payments for the diagnosis, cure, mitigation, treatment or prevention of disease, including prescription and over-the-counter drugs. (Qualified medical expenses are defined in Internal Revenue Code Section 214.)

HSAs are usually administered by a financial institution or life insurance company. Because HSAs were established under federal law, the Office of the Insurance Commissioner does not have authority over laws pertaining to HSA administrators.

The rules that apply to HSAs are similar to those that apply to Individual Retirement Accounts and Medical Savings Accounts.

#### Where to go for more information.

For more information on Health Savings Accounts, contact your financial consultant or visit the US Department of Treasury’s web site: <http://www.treas.gov>

Detailed questions and answers may also be found on the Internal Revenue Service Web site at: [www.irs.gov/pub/irs-drop/n-04-2.pdf](http://www.irs.gov/pub/irs-drop/n-04-2.pdf)

For information regarding qualified health plans available in Washington State, contact the Washington State Office of the Insurance Commissioner’s Insurance Consumer Hotline at 1-800-562-6900.

# Insurance Consumer HOTLINE

We're here to help you!

Call:

**1-800-562-6900**

TDD: 1-360-586-0241

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